

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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9		4		/		
10		/		/		
11		0		/		
12	/		/			
13		/		/		
14		2		/		
15		/		/		
16		/		/		
17		0		/		
18		0		/		
19	/		/			
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27		4		/		
28		/		/		
29	/		/			
30		/		/		
31		2		/		
32		/		/		
33		0		/		
34	/		/			
35		/		/		
36	/		/			
37		/		/		
38		/		/		
39		3		/		
40		0		/		
41		0		/		
42		0		/		
43	/		/			
44		/		/		
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46		/		/		
47		4		/		
48	/		/			
49		/		/		
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						